



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: KNEISEL, Lawrence L., et al.

Appl. No.: 10624040 ✓

Filed: July 21, 2003

For: LIGHT WEIGHT PORTABLE PHASED
ARRAY ANTENNA

Attorney Docket No.: 10541-1800

Examiner: Unknown

Art Unit: Unknown

Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Petition For Granting of a Filing Date and Issuance of a Filing Receipt with attached Exhibits A-D.
- ☒ Declaration of Samantha Thomas
- ☒ Declaration of Victoria Gorgon
- ☒ Return Receipt Postcard

Fee calculation and payment:

- ☐ No additional fee is required.
- ☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
- ☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(h).
- ☐ An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus		
Indep.		Minus		
First Presentation of Multiple Dep. Claim				

Small Entity		or	Other Than Small Entity	
Rate	Add'l Fee		Rate	Add'l Fee
x \$9=			x \$18=	
x 43=			x \$86=	
+\$145=			+\$290=	
Total	\$		Total	\$

Fee calculation and payment:

- ☐ A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.
- ☐ Please charge Deposit Account No. 06-1500 (VISTEON GLOBAL TECHNOLOGIES, INC.) in the amount of \$. A copy of this Transmittal is enclosed for this purpose.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 06-1500. A copy of this Transmittal is enclosed for this purpose.

Respectfully submitted,

November 13, 2003

Date

Eric J. Sposen (Reg. No. 34,440)
Attorney/Agent for Applicant

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, U.S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: November 13, 2003

Name: Terry L. Wand

Signature: Terry L. Wand

BRINKS
HOFER
GILSON
& LIONE

BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610

In re Application of: KNEISEL, Lawrence L., et al
For: LIGHT WEIGHT PORTABLE PHASED ARRAY ANTENNA
Attorney Docket No: 10541-1800
Express Mail[®] mailing label number: EV 329456727 US
Date of Deposit: July 21, 2003



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UTILITY PATENT APPLICATION TRANSMITTAL

MS Patent Application
Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other papers:

1. ☒ Specification, including 14 pages of application (including title page, claims and Abstract), 4 sheet(s) of drawings, and the following Appendices: _____.
2. ☒ Combined Declaration and Power of Attorney (3 pages) (☒ Executed ☐ Unexecuted)
3. ☒ Information Disclosure Statement, including Form PTO-1449 (one sheet) and copies of references cited
4. ☒ Assignment Recordation Cover Sheet and attached assignment to: Visteon Global Technologies, Inc.
5. ☐ Other: _____
6. ☒ Return Postcards (2)
7. Fee calculation and payment:

Claims as Filed	Col. 1	Col. 2
For	No. Filed	No. Extra
Basic Fee	14-20	0
Total Claims	14-20	0
Indep. Claims	3-3	0
Multiple Dependent Claims Present		

*If the difference in col. 1 is less than zero, enter "0" in col. 2.

Small Entity	
Rate	Fee
	\$ 375
x\$9=	\$
x\$42=	\$
+\$140=	\$
Total	\$

Other Than Small Entity	
Rate	Fee
	\$ 750
x\$18=	\$
x\$84=	\$
+\$280=	\$
Total	\$ 750

- ☐ A check in the amount of \$_____ to cover the filing fee is enclosed.
- ☒ Please charge my Deposit Account No. 06-1500 in the amount of \$750.00. A copy of this Transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1500. A copy of this Transmittal is enclosed.
- ☒ Any additional filing fees required under 37 CFR § 1.16.
- ☒ Any patent application processing fees under 37 CFR § 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 06-1500. A copy of this Transmittal is enclosed.
- ☒ Any filing fees under 37 CFR § 1.16 for presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR § 1.17.

8. Correspondence Address: Please address all future communications to:

Margaret A. Dobrowitsky
BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610
(734) 302-6000

Respectfully submitted,

Margaret A. Dobrowitsky (Reg. No. 36,501)
☒ Attorney/Agent Of Record
☐ 37 C.F.R. 1.34(a)

July 21, 2003
Date

BRINKS HOFER GILSON & LIONE
P.O. Box 10395, Chicago, IL 60610

United States Postal Service

Pickup Service Statement

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BRINKS HOFER GILSON & LIONE

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Address 2

City

ANN ARBOR

State

MI

Zip + 4

48104-7902

3. Payment Method

☐ Check made payable to
"Postmaster"

☐ Merchandise Return
Label

☐ Express Mail Corporate Account No.
or Federal Agency No.

☐ Postage Due Account

☐ Stamps or Metered
Postage (Affix at right)

2. Product Information

EV 329459153

EV 329456727

Express Mail 329457020

Quantity

Global Express Guaranteed

Priority Mail

Parcel Post
(Domestic or International)

Estimated total weight
of all packages
(in pounds)

4. Affix Stamps or Meter Strip Here (If applicable)

3/

5. Customer Signature

6. USPS Signature

7. Date & Time of Pickup

PS Form 5541C October 2001

1 - Finance 2 - Customer

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Current Status

You entered EV32 9456 727U S

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EV 329456727 US



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Post Office To Address

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 48109	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 7 Day 21 Year 03	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 17.85
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1900	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
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No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials KR	Total Postage & Fees

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Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

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